

U.S. FIRE ADMINISTRATION ARSON/FIRE INVESTIGATION UNIT TECHNICAL ASSISTANCE PROJECT			1999-2000 PROGRAM YEAR APPLICATION <i>Deadline Date</i> DECEMBER 31, 1999		
SECTION 1 – APPLICATION INFORMATION					
1. REQUESTING ORGANIZATION:					
2. ORGANIZATIONAL ADDRESS	Street:			UNIT PHONE:	
	City:	State:	Zip Code:	UNIT FAX:	
3. EMAIL ADDRESS:					
4. ARSON/FIRE INVESTIGATION COMMANDER (Name/Title/Department):				WORK PHONE:	
5. TYPE OF JURISDICTION (Please check one):					
ESTIMATED POPULATION:		<input type="checkbox"/> STATE			
		<input type="checkbox"/> COUNTY			
		<input type="checkbox"/> MULTI-JURISDICTION TASK FORCE			
		<input type="checkbox"/> CITY			
		<input type="checkbox"/> METROPOLITAN AREA			
		<input type="checkbox"/> TOWN			
		<input type="checkbox"/> OTHER _____			
6. AGENCY CONDUCTING FIRE ORIGIN & CAUSE:			7. AGENCY CONDUCTING CRIMINAL INVESTIGATIONS:		
A. NUMBER OF FULL-INVESTIGATORS:			A. NUMBER OF FULL-TIME INVESTIGATORS:		
B. NUMBER OF PART-TIME INVESTIGATORS:			B. NUMBER OF PART-TIME INVESTIGATORS:		
C. ARE THEY CROSS-TRAINED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	C. ARE THEY CROSS-TRAINED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
D. POWER OF ARREST?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	D. POWER OF ARREST?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. IS THERE A SPECIFIC PROSECUTOR ASSIGNED TO OVERSEE ARSON CASES?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF “NO”, EXPLAIN THE CASE ASSIGNMENT SYSTEM:					
9. PLEASE CHECK ANY OF THE FOLLOWING WHICH APPLY TO YOUR INVESTIGATION AGENCY:					
<input type="checkbox"/> National Fire Incident Reporting System participant			<input type="checkbox"/> UCR/NIBERS participant		
<input type="checkbox"/> NFIRS data reported electronically			<input type="checkbox"/> UCR/NIBERS reported electronically		
<input type="checkbox"/> Investigators draft report using computers			<input type="checkbox"/> Investigator assigned individual computers		
<input type="checkbox"/> Dedicated information management/reporting position			<input type="checkbox"/> Investigators can access National Crime Information Center (NCIC)		
<input type="checkbox"/> Active juvenile firesetter program			<input type="checkbox"/> Investigators have access to canine support		
<input type="checkbox"/> Routinely utilize ATF support, as appropriate			<input type="checkbox"/> Do investigation personnel have EOD or Code Enforcement responsibilities?		
<input type="checkbox"/> Automated case management utilizes USFA's Arson Information Management System (AIMS) or equivalent: <i>(Name of system)</i> _____			<input type="checkbox"/> Formal inter-agency fire investigation team (Please list agencies bellow)		

10. WHAT IS THE MOST PREVALENT MOTIVE FOR INCENDIARY FIRE IN YOUR JURISDICTION?					
<input type="checkbox"/> CRIME CONCEALMENT	<input type="checkbox"/> VANDALISM	<input type="checkbox"/> FRAUD	<input type="checkbox"/> SPITE/REVENGE	<input type="checkbox"/> OTHER	

SECTION 2 – STATISTICAL OVERVIEW OF DEPARTMENT AND INVESTIGATIVE UNIT ACTIVITY

11. PLEASE PROVIDE THE DATA REQUESTED IN THE FOLLOWING CATEGORIES:

TOTAL FIRES RESPONDED TO BY THE DEPARTMENT:	1998	1999	TOTAL FIRES INVESTIGATED:	1998	1999
ALL FIRES			ALL FIRES		
ALL STRUCTURE FIRES			ALL STRUCTURE FIRES		
ALL VEHICLE FIRES			ALL VEHICLE FIRES		
ALL OUTSIDE (BRUSH) FIRES			ALL OUTSIDE (BRUSH) FIRES		

12. NUMBER OF INVESTIGATED FIRES FOR WHICH CAUSE IS:

INCENDIARY			ACCIDENTAL		
SUSPICIOUS			UNKNOWN		

# OF FIRES INVOLVING JUVENILES	1998	1999	# OF INCENDIARY FIRES INVOLVING JUVENILES	1998	1999

# OF JUVENILES COUNSELED FOR FIRESETTING BEHAVIORS	1998	1999	# OF ARSON CASES CLEARED BY ARREST	1998	1999

# OF JUVENILES REFERRED FOR MED/PSYCH EVALUATION	1998	1999	# OF CASES PRESENTED TO PROSECUTOR	1998	1999

# OF ARSON CONVICTIONS JUVENILES	1998	1999	# OF ARSON CONVICTIONS ADULTS	1998	1999

SECTION 3 – ESTIMATED FISCAL AND HUMAN RESOURCE ALLOCATIONS

PLEASE IDENTIFY THE RESOURCES AVAILABLE TO YOUR UNIT WHETHER OR NOT THE ORGANIZATIONAL ELEMENTS ARE DISTINCT WITHIN THE DEPARTMENT.

ORGANIZATIONAL ELEMENT	Fiscal Years		ORGANIZATIONAL ELEMENT	Fiscal Years	
Fire Department Annual Budget	1998	1999	Fire Marshal's Office Annual Budget	1998	1999
Total Uniformed Staff			Total Staff		

ORGANIZATIONAL ELEMENT	Fiscal Years		ORGANIZATIONAL ELEMENT	Fiscal Years	
Fire Prevention Education Annual Budget	1998	1999	Fire Inspection Annual Budget	1998	1999
Total Staff			Total Staff		

ORGANIZATIONAL ELEMENT	Fiscal Years		ORGANIZATIONAL ELEMENT	Fiscal Years	
Fire Investigation Annual Budget	1998	1999	Overtime Annual Budget	1998	1999
Total Staff					

SECTION 4 – GENERAL INFORMATION

PLEASE PROVIDE BRIEF DESCRIPTIONS FOR THE FOLLOWING *(use additional pages as necessary):*

DESCRIBE HOW ARSON IS IMPACTING YOUR JURISDICTION: *(please be as specific as possible)*

DESCRIBE THE WORKING RELATIONSHIP BETWEEN LAW ENFORCEMENT AND FIRE: *(please be as specific as possible)*

IDENTIFY ANY ORGANIZATIONAL OR UNIT MANAGEMENT PROBLEMS AND THE KEY FACTORS NECESSARY TO IMPROVE THE UNIT'S FIRE INVESTIGATION AND ARSON CONTROL EFFORTS: *(please be as specific as possible)*

IDENTIFY ANY UNIT OR COMMUNITY BASED ARSON PREVENTION INITIATIVES: *(please be as specific as possible)*

SECTION 5 – LOCAL POINTS OF CONTACT

TITLE	NAME	PHONE
FIRE CHIEF		
FIRE MARSHAL		
POLICE CHIEF/SHERIFF		
PROSECUTOR/DA		
ATF CONTACT		

SECTION 6 – OTHER COORDINATION

FIRE INVESTIGATION UNITS, WHICH RELY ON ANOTHER AGENCY FOR CRIMINAL INVESTIGATION SERVICES, MUST SECURE THAT AGENCY'S CONCURRENCE AND COMMITMENT TO PARTICIPATE IN THE TECHNICAL ASSISTANCE EFFORT. PLEASE INDICATE THIS CONCURRENCE BELOW.

REQUESTING OFFICIAL:

CONCURRING OFFICIAL *(If appropriate):*

TITLE:

TITLE:

WORK PHONE:

WORK PHONE:

EMAIL:

EMAIL:

NAME:

NAME:

SIGNATURE AND DATE:

SIGNATURE AND DATE:

APPLICATION INSTRUCTIONS

Any jurisdiction wishing to apply for the technical assistance should complete the application form in as much detail as possible. Applicants may submit any additional material they think will be helpful.

Each application should also include a copy of the fire department's organizational chart, a staffing profile for the Fire Marshal's Office, and a description of the Unit's operational responsibility and authority.

Applications should be submitted and signed **ONLY** by individuals with supervisory authority over the Fire Investigation Unit to be reviewed. Please note, fire investigation units without police powers will require the concurrence of the participating law enforcement authority (as noted on Page 3) of the application form).

In order to be considered for the 1999-2000 program year a complete application must be received by **December 31, 1999**. The application should be mailed or faxed to the following address:

USFA-Arson/Fire Investigation Unit Technical Assistance Project
Hollis Stambaugh, Project Director
TriData Corporation
1000 Wilson Boulevard, 30th Floor
Arlington, VA 22209
Phone: (703) 351-8300
Fax: (703) 351-8383

For additional information, interested officials may contact either the Project Director (identified above) or the USFA Program Manager Ken Kuntz, Fire Studies Specialist, at (301) 447-1271 or email: Ken.Kuntz@fema.gov.